



Continuing Professional Development and Supervision Return



General Information

Calendar Year	
Name	
Category of membership (Member/Associate/Affiliate)	
Email address	
Contact phone number	
Employer	
Current Study Course (if any)	
Training Organisation	
Expected year of completion	
Your FCA portal record of PD and supervision is attached (Y/N)	

Continuing Professional Development

CPD Points attained	
Technical sessions included (Y/N)	
Skills sessions included (Y/N)	
Ethics sessions included (Y/N)	

Supervision

Supervisor(s)	
FTE %	
Individual Supervision Hours	
Group Supervision Hours	

Signature

Signature of the Person Submitting this Form

Date of Signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY

When complete, please forward this return together with your **FCA portal record of PD and supervision** to the Secretary FCAT (kellyj@anglicare-tas.org.au).